

EXECUTIVE LOBBYING REGISTRATION/RENEWAL FOR THE YEAR OF

(Fill in year.)

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- Complete form and return with \$110 registration fee to the Board of Ethics,

| (800) 842-6630. | m Kouge, LA 70908, (225) 763-8771 or | | 1 ma | 100 |
|--|---|-------|-----------------------|-----------------------|
| Initial registrations must be a lobbyist or (2) first action req | ubmitted within 5 days of (1) employment as a quiring registration. Registrations expire as of all is submitted between December 1 and Januar | y 31. | 70 70 | |
| I. NAME Broant | Blizwisch M | Mi | 828 | 534 |
| z. Business Phone 27 | 25/376-1145 | | 3061532 | e e |
| 3. FAX NUMBER 22 | 5/387-3400 | | 2 | 290 |
| 4. Businėss address <u> </u> | 301 main St 1012 | | Maye LA | 300 |
| | Street and No. | City | State | デ Zini空 マコュ |
| MAILING ADDRESS | 5 m/ 5 | 5.4 | 43 | # PANA 9 |
| 20 | Street and No. | City | State | S Zip Fig |
| 5. EMPLOYER AAK | φ | - × | | |
| 6. EMPLOYER'S ADDRESS_ | 301 Main Broton hay | C/4- | 70825 | : 3 |
| | esons, groups, or organizations which you represen asiness each is engaged in or the purpose or functio bby. | | | |
| 1. Name AARF |) | | | |
| Address 351 W | 1ain St. 1012 | | | |
| Business or purpose | non-profit/Advocac | X | 98 | 8 |
| Does this person pay you | <u>'</u> | v | | |
| (fNo, who pays you? | | | - 150000 0 | 100 |
| | | | | |

Form 504, Rev. 7/04 Rev. 2/7/07 AB Page 1 of ___

HAND DELIVERED

Postmark Date: 1-24-07

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EXECUTIVE LOBBYING REGISTRATION FORM



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| Does | this pe | rson pay y | ou? | - | 9 7 5 | | | | |
| If No. | , wbo p | вуз уоц?_ | 47500 | <u>.</u> | | <u>50</u> 1 | | <u>.,,-</u> | |
| Name | ė | 000-000- | | - 200 | | | | - | |
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| Busin | DERE OF | bnuboes_ | | 6.7.7.6V | | | ,,,_,, | - 10 No. 20 | |
| Does | this per | rson pay y | ou? | 9 | | | | | |
| If No. | , who p | ays you?_ | | | | | - 122 | - 1870 N.S. | |
| Name | e | 17 1 | | | | | | <u> </u> | |
| Addre | ess | 55 | 36307 (0) | (E) | | 16 200 | | | |
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| Docs | chia per | son pay y | m2 | | -60 | | | | |
| [PNa | whon | aut nou? | | | | | | | |

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist

ATTACH 2" x 2" PHOTOGRAPH HERE

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Page of

EXECUTIVE LOBBYING REGISTRATION/RENEWAL ATTACHMENT FORM

Instructions:

- Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand comer of the page.
- Please identify each page with a page number and indicate the total number of pages being submitted.

| 1. Name Elizabeth M. Bry aut | V200 - 196100 |
|---|---------------|
| Address 301 Main Stc 1012 | <u></u> |
| Business or purpose MAN-profit Advocary | |
| Does this person pay you? | 3. |
| If No. who pays you? | ** |
| 2. Name | |
| Address | |
| Business or purpose | |
| Does this person pay you? | 80 |
| If No, who pays you? | \$500 Park |
| 3. Name | 7.V |
| Address | |
| Business or purpose | |
| Does this person pay you? | |
| If No, who pays you? | |
| 4. Name | 3. 2 |
| Address | 125 |
| Business or purpose | |
| Doce this person pay you? | |
| If No, who pays you? | |